

# 2001 - 2002 U.S. DEPARTMENT OF JUSTICE SUMMER LAW INTERN PROGRAM APPLICATION

THIS FORM MUST BE TYPED. SUBMIT FOUR (4) COPIES EACH OF YOUR APPLICATION, RÉSUMÉ AND TRANSCRIPT.

NAME \_\_\_\_\_  
LAST NAME ONLY FIRST NAME ONLY MIDDLE INITIAL

ADDRESS FOR REPLY: \_\_\_\_\_  
STREET APT.

\_\_\_\_\_  
CITY STATE ZIP CODE

EMAIL ADDRESS: \_\_\_\_\_ ARE YOU A VISITING STUDENT? ☐ YES ☐ NO

TELEPHONE NUMBER: (MUST INDICATE BOTH.) DAY: ( ) \_\_\_\_\_ EVENING: ( ) \_\_\_\_\_

LAW SCHOOL NAME: \_\_\_\_\_ LAW SCHOOL CITY/ST: \_\_\_\_\_

(PLEASE INDICATE THE LAW SCHOOL FROM WHICH YOU WILL RECEIVE YOUR J.D. ON THE LINE ABOVE.)

TELEPHONE NUMBER WHERE YOU CAN BE REACHED DURING NOVEMBER/DECEMBER VACATION BREAK:

( ) \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(MONTH/DAY) (MONTH/DAY)

## CURRENT YEAR IN SCHOOL - CHECK ONE

☐ 2L ☐ 3L

J.D. EXPECTED: \_\_\_\_\_ (MO./YR.)

IF 3L, CHECK APPLICABLE LINE BELOW:

- ☐ WILL ENTER JUDICIAL CLERKSHIP IN  
AUTUMN 2002
- ☐ WILL ENTER FULL-TIME GRADUATE LAW  
PROGRAM IN AUTUMN 2002

CHECK ONE: (NOTE: THIS **MUST** BE ANSWERED.)

☐ UNITED STATES CITIZEN

☐ OTHER - IF "CHECKED, SPECIFY YOUR CURRENT COUNTRY OF CITIZENSHIP:

(Pending U.S. citizenship is not relevant. Indicate your current country of citizenship.)

☐ DUAL CITIZENSHIP - CHECK ONLY IF YOU ARE CURRENTLY A CITIZEN OF 2 COUNTRIES;  
YOU MUST INDICATE THE 2 COUNTRIES:

1: \_\_\_\_\_ 2: \_\_\_\_\_

**RESIDENCY:** HAVE YOU LIVED OUTSIDE OF THE UNITED STATES FOR 3 OF THE LAST 5 YEARS? ☐ YES ☐ NO

IF YES, PLEASE INDICATE BELOW IF DURING THE TIME YOU RESIDED OUTSIDE OF THE UNITED STATES, YOU WERE:

- ☐ A FEDERAL OR MILITARY EMPLOYEE ☐ A DEPENDENT OF A FEDERAL OR MILITARY EMPLOYEE

**LAW SCHOOL CLASS RANK** - YOU MUST CHECK **ONE APPROPRIATE CATEGORY** AMONG THOSE LISTED, E.G., TOP 15% RANK WOULD BE IN TOP 20% CATEGORY. ESTIMATE IF NO OFFICIAL CLASS RANK GIVEN. IF YOUR SCHOOL DOES NOT RANK, CHECK "NOT APPLICABLE."

- ☐ TOP 10% ☐ TOP 20% ☐ TOP 33% ☐ TOP 50% ☐ LOWER 50% ☐ NOT APPLICABLE

## THIRD YEAR STUDENTS WHO WILL ENTER JUDICIAL CLERKSHIP: SEE CHECKLIST -

Name of Judge: \_\_\_\_\_

Court: \_\_\_\_\_

Location: \_\_\_\_\_

## INDICATE INTERVIEW CITY:

PLEASE REFER TO THE INTERVIEW SCHEDULE, AND SELECT ANY ONE OF THE FOURTEEN (14) REGIONAL INTERVIEW SITES OR WASHINGTON, DC. PLEASE SELECT THE SITE MOST CONVENIENT FOR YOU. INDICATE THE CITY (NOT THE LAW SCHOOL)

**CHOICE OF EMPLOYMENT:** SELECT **TWO ORGANIZATIONS** IN ORDER OF PREFERENCE BY PLACING A **1 AND 2** NEXT TO YOUR CHOICES. THE NUMBER OF ANTICIPATED HIRES IS INDICATED IN PARENTHESES BY EACH ORGANIZATION.

- \_\_\_ ANTITRUST DIVISION (30): Indicate your geographic preferences for the Antitrust Division by placing a 1, 2 and 3 next to your first, second and third choices:  
 \_\_\_ ATLANTA \_\_\_ CLEVELAND \_\_\_ NEW YORK  
 \_\_\_ SAN FRANCISCO \_\_\_ CHICAGO \_\_\_ DALLAS  
 \_\_\_ PHILADELPHIA \_\_\_ WASHINGTON, D.C.  
 \_\_\_ CIVIL DIVISION (20)

- \_\_\_ CIVIL RIGHTS DIVISION (12)  
 \_\_\_ ENVIRONMENT AND NATURAL RESOURCES DIVISION (9)  
 \_\_\_ EXECUTIVE OFFICE FOR IMMIGRATION REVIEW (20)  
(U.S. CITIZENSHIP REQUIRED)  
 \_\_\_ FEDERAL BUREAU OF PRISONS (8)  
 \_\_\_ IMMIGRATION AND NATURALIZATION SERVICE (7)  
 \_\_\_ TAX DIVISION (20-25)

• **ABSOLUTE DEADLINE DATE FOR RECEIPT, SEPTEMBER 24, 2001** •

(OVER)

**LAW SCHOOL COURSES BEING TAKEN THIS QUARTER/SEMESTER (AUTUMN 2001):****CHECK APPROPRIATE BOXES:****LAW REVIEW/JOURNAL PARTICIPATION:**

- ☐ Selected based on grades  
☐ Selected based on writing competition  
☐ Article/Comment Published  
☐ Editorial Position

**MOOT COURT:**

- ☐ Voluntary  
☐ National/Regional Team  
☐ Moot Court Board

- ☐ BOOK AWARD  
☐ OTHER AWARDS  
☐ CLIENT COUNSELING COMPETITION  
☐ VOLUNTEER - Legal Aid or Clinical Program  
☐ GRADUATE DEGREE (non-legal): Please indicate field of study and degree awarded.

☐ DEPARTMENT OF JUSTICE EXPERIENCE☐ Volunteer Legal Intern☐ Other \_\_\_\_\_

Please indicate employing organization, name and telephone number of your supervisor(s):

( )

**LIST ALL LEGAL EMPLOYERS.** You may include professors with whom you have worked in a clinical or other volunteer program.NAMEORGANIZATIONTELEPHONE NO. (include area code)**ARE YOU A VETERAN OF ANY BRANCH OF THE ARMED SERVICES?** ☐ YES ☐ NO

If yes, please indicate: \_\_\_\_\_ (branch of service); \_\_\_\_\_ (yrs. of service).

You are a Veteran if you have served more than 180 consecutive days of active duty after January 31, 1955 (not counting service under an initial period of active duty for training under the "6-month" Reserve or National Guard program).

**PLEASE NOTE THAT PROVISION OF THE FOLLOWING INFORMATION IS VOLUNTARY.**☐ FEMALE☐ MALE☐ DISABILITY Please Specify: \_\_\_\_\_**Please select one or more:**☐ AMERICAN INDIAN or ALASKA NATIVE☐ ASIAN☐ BLACK or AFRICAN AMERICAN☐ HISPANIC or LATINO☐ NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER☐ WHITE**ATTENTION - THIS STATEMENT MUST BE SIGNED**

Read the following carefully before signing this statement. A false answer to any question or portion thereof in this application may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment.

All the information you give will be considered in reviewing your application and is subject to investigation (18 U.S.C. Sec. 1001).

CERTIFICATION - I CERTIFY that all of the statements made on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Signature (sign in ink) \_\_\_\_\_ Date \_\_\_\_\_

**The U.S. Department of Justice is an Equal Opportunity/Reasonable Accommodation employer.**